

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-029109

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6683

STATE FILE NUMBER

FILED JUL 31 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

ST LOUIS

Length of stay in 1b

YEAR 26

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

HOMER G. PHILLIP

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

admission)

c. CITY

OR

TOWN

St Louis

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside give location)

1008h Vanventer

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Edward (Laddie) Roper4. DATE
OF
DEATH

Month

Day

Year

7

4

62

5. SEX

FEMALE

6. COLOR OR RACE

7. Married ☐Never Married ☒

8. DATE OF BIRTH

12-34-26

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

35

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Common Labor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St Louis MO

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

ALBERT ROPER

13b. MOTHER'S MAIDEN NAME

Vivian DAVIS

14. NAME OF HUSBAND OR WIFE

Norrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

W. H. 2

16. SOCIAL SECURITY NO.

17. INFORMANT

SUSIE PALMER 1008h Vanventer

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Traumatic subdural hemorrhage suffered

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.DUE TO (b) when struck by car operated by one Sylvester Brown
in front of about 1814 N. Vandeventer about 950 PM
DUE TO (c)PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

July 3, 1962 Accident

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF
INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

street

20f. CITY, TOWN, OR LOCATION

St Louis

COUNTY

Missouri

STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____

Death occurred at 11:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1308 Clark

22c. DATE SIGNED

7-6-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

7-10-62

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Brk MO

(State)

24. FUNERAL DIRECTOR

ADDRESS

A. H. Burks 3901 Ashland

25. DATE RECD. BY LOCAL REG.

JUL 6 1962

26. REGISTRAR'S SIGNATURE

Karl Smith M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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77

\$ 980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Leroy M. Harrison

Licensed Embalmer No. 4523

P. O. Address 4251 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.